

# ENTRY BLANK

PLEASE TYPE OR PRINT

Entered previous May Show

☐ Ms.

☒ yes

☐ no

☒ Mr. Artist

BRENT YOUNG

(Last Name Last)

Permanent  
Address

3098 BERKSHIRE RD

Street

City

CLEVE. HTS OH 44118

Tel. (216) 932-6123

Zip

Area Code

Temporary or  
Studio Address

11141 EAST BLVD

Street

City

CLEVE 44106

Tel. ( ) 421-4322

Zip

Area Code

If you do not presently live in one of the counties of the Western Reserve, which county were you born in? \_\_\_\_\_

Collaborator

NONE

(If Any)

If May Show entries are not accepted or not sold:

☒ Artist will pick up at Museum.

☐ Museum should dispose of.

☐ Museum should ship to artist C.O.D. at this address:

## Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until May 18, 1980.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature

Brent Young

# ENTRY BLANKS

**1** ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography  
☐ 4. Sculpture ☐ 5. Electric ☒ 6. Crafts

Materials

GLASS

Title

SCENT VIAL

Price or NFS

125.-

Insurance Value  
if NFS Only

Size

6" H

## GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.  
For Sale

Total No. in Edition

Price  
Unframed

Price of  
Frame

ACCEPTED

X

REJECTED

DO NOT WRITE IN THIS SECTION

5 (EG)

ACCEPTED

X

REJECTED

**2** ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography  
☐ 4. Sculpture ☐ 5. Electric ☒ 6. Crafts

Materials

GLASS

Title

FOSSIL SERIES: PLAYMATES

Price or NFS

475.-

Insurance Value  
If NFS Only

Size

7 1/2" H

## GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.  
For Sale

Total No. in Edition

Price  
Unframed

Price of  
Frame

ACCEPTED

X

REJECTED

DO NOT WRITE IN  
THIS SECTION

6 (EG)

ACCEPTED

X

REJECTED

RECEIVED

3/18 M6

DATE